

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship
5 are as stated below next to my name.

I believe I am the original, first and sole
inventor (if only one name is listed below) or an
original, first and joint inventor (if plural names are
listed below) of the subject matter which is claimed
and for which a patent is sought on the invention
entitled "APPARATUS AND METHOD FOR REDUCING MITRAL
REGURGITATION", the specification of which is attached
hereto and is identified by Attorney's Docket No.
VIA-16.

I hereby state that I have reviewed and understand
the contents of the above-identified specification,
including the claims.

I acknowledge the duty to disclose information
which is material to the examination of this
20 application in accordance with Title 37, Code of
Federal Regulations, Section 1.56(a).

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I hereby declare that all statements made herein
of my own knowledge are true and that all statements
made on information and belief are believed to be true;
and further that these statements were made with the

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knowledge that willful false statements and the like so
made are punishable by fine or imprisonment, or both,
under Section 1001 of Title 18 of the United States
Code and that such willful false statements may
5 jeopardize the validity of the application or any
patent issued thereon.

Inventor's signature: _____

Inventor's full name: William E. Cohn

Date: _____

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Citizenship: USA

Inventor's signature: _____

Inventor's full name: John R. Liddicoat

Date: _____

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Citizenship: USA

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Inventor's signature: _____
Inventor's full name: Steven B. Woolfson
Date: _____
5 Residence: 85 East India Row, Apt 39G
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Inventor's signature: _____
Inventor's full name: Todd F. Davenport
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Residence: 48 Salem Street
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204520-0028901

- 5 -

Inventor's signature: _____
Inventor's full name: Richard B. Streeter
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Residence: 66 Brookside Avenue
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PS/VIA7.DEC

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